MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11079

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons; LENGTH OF STAY (in this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) F. (Last) Bafford

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: March 17, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months —; Days 22; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery Store

11. BIRTHPLACE (State or foreign country): Calvert County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bafford

14. MOTHER'S MAIDEN NAME: Rebecca Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS: Mrs Roberta Bafford - Solomons, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	15m.
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92e	(b) Valvular Endocarditis	4 yrs
	(c) Senile Degeneration	8 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from dec. 9, 19..., to on arrival, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE E. S. Coster (Degree or title) M.D. ADDRESS Solomons, Md. DATE SIGNED 11/10/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 11, 1950

NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

LOCATION (City, town, or county) (State) Tuxby, Md.

DATE REC'D BY LOCAL REG. 11/10/50

REGISTRAR'S SIGNATURE E. S. Coster

24. FUNERAL DIRECTOR C. A. Harkness & Son - Mutual, Md. ADDRESS

15661

NOV 21 1950
BUREAU

11080

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Audrey (Middle) J. (Last) Cox

4. DATE OF DEATH (Month) Nov (Day) 13 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Sept. 20, 1920
9. AGE last birthday 30 yrs. If under 1 year Months 1 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. Wilson Ireland
14. MOTHER'S MAIDEN NAME Mary J. Lavielle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 215-18-0254
17. INFORMANT AND ADDRESS Edward Cox - Huntingtown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Leukemia

204.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

74a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1948, to 11/13, 1950, that I last saw the deceased alive on 11/13, 1950, and that death occurred at 6 10 p.m., from the causes and on the date stated above.

SIGNATURE G. H. Weeman (Degree or title) ADDRESS Huntingtown Md. DATE SIGNED 11/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 16, 1950
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Prince Frederick, Md

DATE REC'D BY LOCAL REG. 11-15-50
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR ADDRESS A. A. Hackness & Son - Mutual, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1950
BUREAU V. R

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11081

CERTIFICATE OF DEATH

FILM No. G 12 DEC 6 1950

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY CALVERT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCE FREDERICK - Life; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH BEACH
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital	STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) CLARA	(Middle) VIRGINIA	(Last) GERMAN	4. DATE OF DEATH	(Month) NOV. (Day) 21 (Year) 1950
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH 10-16-1876	9. AGE last birthday 73 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME GEORGE BEALLE	14. MOTHER'S MAIDEN NAME ELIZA —				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT L. R. German			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	July 1950 to dd
4500 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis (12-6-50 - ams)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to Nov. 21, 1950, that I last saw the deceased alive on Nov. 21, 1950, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Page Scott		Prince Frederick	11/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov. 25/50	NAME OF CEMETERY OR CREMATORY Mt. Harmony	LOCATION (City, town, or county) Mt. Harmony (State) Md.
DATE REC'D BY LOCAL REG. Nov. 24/50	REGISTRAR'S SIGNATURE Grace L. Hutchins	24. FUNERAL DIRECTOR Wm H. Hutchins,	ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11082

Reg. Dist. No. 52

1. PLACE OF DEATH:

County: Calvert

City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Eliza Ann Gibson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1880

8. AGE: Years 70 | Months | Days | If less than one day hrs. min.

9. Birthplace Nr. Huntingtown, Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Samuel Gibson
13. Birthplace Md.

MOTHER
14. Maiden name Margaret
15. Birthplace Md.

16. Informant Mrs Gordon Gibson
Address Huntingtown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 13 50 (month) (day) (year)

Cemetery or crematory Miranda Memorial Cem.

Location Huntingtown, Md.

18. Funeral director Wm H. Hutchins
Address Owings, Md.

19. Nov. 13 1950 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11 1950, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/24 1950, to 11/11 1950 and that I last saw her alive on 19

Immediate cause of death Ca of Breast

Due to

Due to

Other conditions 170X 50 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Huntingtown Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
NOV 20 1950

11083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Fredk.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Josephine Elizabeth MacKall.

4. DATE OF DEATH (Month) (Day) (Year) November 4 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept. 27 1950
9. AGE last birthday yrs. If under 1 year: Months 1, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Prince Frederick, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Calvin Brooks
14. MOTHER'S MAIDEN NAME Lettie Mae MacKall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lettie Mae MacKall - Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital heart disease

754.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

157e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS St Leonard Sta DATE SIGNED 11/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11-5-50
NAME OF CEMETERY OR CREMATORY Plum Point
LOCATION (City, town, or county) Calvert Co. (State) Md

DATE REC'D BY LOCAL REG. 11-5-50
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick

20922018 2405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1a

RECEIVED
NOV 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11084

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Calvert County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Frederick Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington,
STREET ADDRESS (If rural, give location) 4106 Penna. Ave., S.E.

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) Dice (Last) Phillips

4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 1950

5. SEX m
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 26 Mar 1879
9. AGE last birthday 71 yrs. If under 1 year Months 7 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gov.
10b. KIND OF BUSINESS OR INDUSTRY Retired Gov
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? Montgomery

13. FATHER'S NAME Joseph Phillips
14. MOTHER'S MAIDEN NAME Eliza ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Hilda Frye-Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of skull

816.5 Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) auto accident

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Public
(CITY OR TOWN) Prince Fred (COUNTY) Calvert (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-13-50 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Collision between 2 motor vehicles

22. I hereby certify that I attended the deceased from Medexam, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Huntingtown Md. DATE SIGNED 11/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 16 Nov. 50
NAME OF CEMETERY OR CREMATORY Mt. Zion Church Ceme
LOCATION (City, town, or county) Bethesda (State) Maryland

DATE REC'D BY LOCAL REG. 11-14-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A. Pumphrey - ADDRESS Bethesda, Md

Medexam J

XVX 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 16 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11085

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) H. (Last) Sollers

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: 1-23-1867 — 9. AGE last birthday: 83 yrs. — If under 1 year: Months. 9 Days 20 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? Calvert

13. FATHER'S NAME: Basil A. Duke — 14. MOTHER'S MAIDEN NAME: Virginia Wilson — N.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No — 16. SOCIAL SECURITY NO.: No — 17. INFORMANT AND ADDRESS: Edward Sollers, Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) — Carcinomatosis — Acidosis

151x Antecedent cause(s)

46x Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of Stomach

(c) Diabetes

260x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Edward Sollers (Degree or title) — ADDRESS Sthenard. — DATE SIGNED 11/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 15, 1950 — NAME OF CEMETERY OR CREMATORY: Middleham Chapel — LOCATION (City, town, or county): Lusby — (State): Md.

DATE REC'D BY LOCAL REG. 11-15-50 — REGISTRAR'S SIGNATURE: H. N. Hard — 24. FUNERAL DIRECTOR: G. A. Hackney & Son — ADDRESS: Mutual, Md

RECEIVED
NOV 20 1957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11488

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CALVERT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PRINCE FREDERICK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CALVERT COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WILLOWS
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) Emily (Last) SOPER

4. DATE OF DEATH: (Month) NOV. (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: DEC. 16, 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ELIJAH CRAWFORD

14. MOTHER'S MAIDEN NAME: Emily HUTCHINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: THELMA ROBINSON, NORTH BEACH, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetis mellitus.

(c) Hypertension and

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Nov 1, 19 50, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: [illegible] DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 4, 1950 — NAME OF CEMETERY OR CREMATORY: Emmanuel Cemetery — LOCATION (City, town, or county) (State): Jr. Plum Point

DATE REC'D BY LOCAL REG.: Nov. 3, 1950 — REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR: Wm H. Hutchins — ADDRESS: Owings, Md.

RECEIVED
NOV 9 1950
BUREAU V. S

VS. A15

MARGIN RESERVED FOR BINDING

WITH UNFADING INK

Film#G163 Item# 9 4/6/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Duplicate.

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) A. (Last) Stewart

4. DATE OF DEATH (Month) Nov (Day) 16 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 13 Sept 1861
9. AGE last birthday 1910 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Stewart
14. MOTHER'S MAIDEN NAME Louise Darnall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Estep Stewart Jewell Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Hypertensive cardio vas renal disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1945, to 11/16, 1950, that I last saw the deceased alive on 11/16, 1950, and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE H J Weems (Degree or title) M.D. ADDRESS Huntingtown Md DATE SIGNED 3/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 18, 1950
NAME OF CEMETERY OR CREMATORY St. Mary's Catholic Cem.
LOCATION (City, town, or county) Owensville, (State) Md.

DATE REC'D BY LOCAL REG. 3-30-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11087

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH · COUNTY: Calvert — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Leonards. — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Leonards. Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Violet	(Middle) R.	(Last) Stewart	4. DATE OF DEATH	(Month) 11 — (Day) 22 — (Year) 1950
5. SEX: F	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 5-10-1908	9. AGE last birthday: 42 yrs.	If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Adeline, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Not Known.	14. MOTHER'S MAIDEN NAME: Cornelia Smith.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Clarence Stewart. St. Leonards, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary embolism

Antecedent cause(s) (b) — Hypertensive c.v.d.

443X

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov 22, 1950, to Nov 22, 1950, that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Williams		St Leonard.	11/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11-26-50	NAME OF CEMETERY OR CREMATORY: Brook's Chapel	LOCATION (City, town, or county): Calvert.	(State): Md
DATE REC'D BY LOCAL REG.: 11-24-50	REGISTRAR'S SIGNATURE: ~~[illegible]~~ H. Clare Briscoe	24. FUNERAL DIRECTOR: P. E. Sewell Prince Frederick Md	ADDRESS	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 29 1950
BUREAU U. S.

Evidence for addition in #18 & #21 shown on:

FILM No. G 1 50 JAN 18 1951

11088

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH — COUNTY: Calvert — North Beach — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Beach
LENGTH OF STAY (in this place): 1 yr 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6th + Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Calvert — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Beach
STREET ADDRESS (If rural give location): 6th + Frederick

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Helen (Last) Valentine
4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 22, 1910
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New York.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ralph Polkolniskis
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James Valentine. North Beach md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Alcohol poisoning — ?

880.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Found dead lying on floor with empty bottles (1/18/51 akc)

77e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead in house

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) N. Beach (COUNTY) Calvert (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 26, 1950 10 am
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~....., 19....., to ....., 19.....~~, that I last saw the deceased alive on ~~....., 19.....~~, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ruth Willard I. M. E. 11/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 28/50
NAME OF CEMETERY OR CREMATORY: Mt. Harmony
LOCATION (City, town, or county) (State): Mt Harmony

DATE REC'D BY LOCAL REG.: Nov. 26/50
REGISTRAR'S SIGNATURE: Grace L. Hutchins
24. FUNERAL DIRECTOR: Wm H. Hutchins — ADDRESS: Owings md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1950